

Family Liaison Office

Direct Communication Project

Resource No. 4

Caring for Elderly Parents

How to care for elderly parents is a major concern of many Foreign Service families. Our concerns mirror those of other American families, but how to ensure good health care, find the right living situation, and handle legal questions is often complicated for Foreign Service families by being posted abroad. The distance involved makes it harder to get information and help so contingency planning is essential.

Often Foreign Service families only have short visits during R & R or on Home Leave and hate to spend the precious time with their parents talking about serious business or unpleasant possibilities. Or we may be caught up in hectic preparations for an overseas assignment and not want to take the time to do contingency planning with parents. While it is difficult to discuss the issues of aging, the family who has discussed the options and agreed on plans will be better able to handle whatever happens. It will be worth the time taken, if there is an emergency.

The ideal situation is when the parents take control of their own situations and make decisions in advance of an emergency. They should investigate the types of retirement options and decide which is most appropriate, make informed decisions about life-sustaining medical care, and make sure that documents, instructions, and powers of attorney are available to those who must take responsibility in an emergency. The American Association of Retired Persons recommends that elderly

people use a document locator list to make sure their papers are in order (see page 15). This list can then be given to the person(s) who will be responsible for them should an emergency arise. Going through the list with your parents should ensure that their wishes are understood.

When a Lifestyle Change May Be Necessary

Physicians and geriatric social workers warn that there are a number of danger signs that indicate an elderly person needs extra help or a change in living arrangement. Any marked change in personality or behavior should be heeded. However, no change in lifestyle should be made without discussions with the elderly person, other family members, and doctors or other health professionals.

Danger Signals

Sudden weight loss could be an indication that the elderly person is simply not eating or not preparing foods.

Failure to take medication or over-dosing may indicate confusion, forgetfulness, or a misunderstanding of the doctor's instructions.

Burns or injury marks may indicate physical problems involving general weakness, forgetfulness, or a possible misuse of alcohol.

Deterioration of personal habits such as infrequent bathing and shampooing, not shaving, or not wearing dentures could be the result of either mental or physical problems.

Increased car accidents can indicate slowed reflexes, poor vision, physical weakness, or general inability to handle a vehicle.

General forgetfulness such as not paying bills, missing appointments, or consistently forgetting name, address, phone number, and meal times could be a signal.

Extreme suspiciousness could indicate some thought disorder. Your parents thinking that their neighbors, friends, family, doctor, and lawyer are all conspiring against them would be an example. Intense ungrounded fears about dire consequences may be a danger signal.

A series of small fires could be caused by dozing off, forgetting to turn off the stove or appliances, or carelessness with matches. They may indicate blackouts or dizzy spells.

Bizarre behavior of any kind could be a warning sign. This behavior could be dressing in heavy gloves and overcoat in 90 degree weather or going outside without shoes when it's snowing. Watch for uncharacteristic actions or speech.

Disorientation of a consistent nature may indicate a need for help. Examples include not knowing who one is, where one is, who the family is, or talking to people who are not there.

Eldercare Options

If you see danger signals in your parent's behavior, it is important to discuss the changes and do some research. There are many housing options available to the elderly.

Choosing the best one will depend on the elderly person's preference, age, health, and financial condition.

Aging in Place

Under this option, the elderly person continues to live in his/her own apartment. Many elderly people live in Naturally Occurring Retirement Communities (NORCs), apartment buildings, condominiums, or cooperatives not designed as retirement communities but where at least 50 percent of the residents are 62 years old or older. These buildings often have amenities such as grocery stores, pharmacies, limousine service, or shopping services.

Recent technological advances often make aging in place easier: Velcro fasteners, lightweight wheelchairs, devices to control appliances and dial telephone numbers. There is even a "walk-in bathtub" for people who have difficulty climbing into an ordinary bathtub. Many services are available to help the elderly person stay in his/her home. Information about them can be obtained from the local Area Agency on Aging (see page 5).

Home care services are available in many communities, providing appropriate, supervised personnel to help older persons with either health care (giving medications, changing dressings, catheter care, etc.) or personal care (bathing, dressing, and grooming).

Meals and transportation are available to older people to help them retain some independence. Group or home-delivered meal programs help ensure an adequate diet. Meals-On-Wheels programs are available in most parts of the United States. A number of communities offer door-to-door transportation services to help older people get to and from medical facilities, community facilities, and other services.

Adult day care is similar to child day care. The elderly person goes to a community facility daily or 2 or 3 days per week. Activities include exercise programs, singing, guest lectures, and current events discussions. Cost varies and there are often long waiting lists at such centers.

Respite care brings a trained person into the home to give the full-time caregiver time off to get a haircut, visit the dentist, or take a vacation. Service is generally offered through area Departments of Social Services and is based on a sliding fee scale.

Other Housing Options

There are several types of retirement communities that provide living arrangements and services to meet the needs of both independent seniors and those who need assistance. Large hotel corporations are in this field and other facilities are set up for members of a certain organization (retired military, Elks, etc.). It is important when investigating these housing options to understand completely the services provided and the cost.

Adult congregate communities are designed for the fully able-bodied, 55 and older. Residents buy co-ops or condominiums and pay a monthly fee for grass mowing, leaf raking, and snow shoveling. A pay-as-you-go medical center is on site and a nurse is on duty 24 hours a day to make home visits in emergencies. Leisure World is the most famous example of an adult congregate community.

Assisted living communities are rental retirement communities for independent seniors who need some assistance. A homelike atmosphere, three meals a day, maid, linen, and laundry service, availability of a registered nurse, and many personal care services are provided in the all-inclusive rent.

Rental retirement communities with fee-for-service nursing units charge residents an entrance fee plus a substantial monthly rent. When the need for nursing care arises, residents pay an extra daily fee and stay in a nursing unit, usually located on site or nearby.

Life care or continuing care communities provide a continuum of care from independent living to nursing home care on the premises. The individual must be independent when s/he enters the community. These communities require a substantial entrance fee and monthly service fee. Residents get one meal a day in a dining room, maid service, linen service, maintenance, transportation to shopping and cultural events, travel planning, and a pull cord to an emergency nurse. If nursing care is needed, it is provided at no extra cost.

Personal care homes (board and care) are licensed in many communities to provide shelter, supervision, meals, and personal care to a small number of residents.

Subsidized housing for the elderly is an option for the elderly poor in reasonably good health. Subsidized by Department of Housing and Urban Development, income limits apply. No round-the-clock care is provided but nurses come in to check blood pressure and assess a resident's functioning. Residents take meals in a dining room and may have use of a library, recreation area, or beauty shop.

Nursing Facilities

If the elderly person is not capable of independent living, a nursing home may be the appropriate option. Nursing homes offer two levels of care - skilled nursing and intermediate care - depending on the patient's needs. Most nursing homes offer both levels of care on a single site.

Skilled nursing facilities provide 24-hour nursing services for people who have serious health care needs but do not require the intense level of care provided in a hospital. Rehabilitation services may also be provided.

Intermediate care facilities provide less extensive health care than skilled nursing facilities. Nursing and rehabilitation services are provided but not on a 24-hour basis. These facilities are for people who cannot live alone but need a minimum of medical assistance and help with personal and/or social care.

Paying for Long-Term Care

It is important to understand the different types of insurance that are available to older people.

Medicare

Medicare is a Federal health insurance program which helps defray many of the medical expenses of most Americans over the age of 65. Medicare has two parts:

(Part A) Hospital Insurance helps pay the cost of inpatient hospital care. The number of days in the hospital paid for by Medicare is governed by a system based upon patient diagnosis and medical necessity for hospital care. Once it is no longer medically necessary for the person to remain in the hospital, the physician will begin the discharge process. If the person or the family disagrees with this decision, they may appeal to the state's Peer Review Organization.

Medicare **does not** pay for custodial care or nursing home care. It will, however, cover up to 60 days in a nursing home as part of convalescence after hospitalization.

(Part B) Medical Insurance pays for many medically necessary doctors' services, outpatient services, and some other medical services. Enrollees pay a monthly premium.

Medicaid

Medicaid is a joint federal-state health care program for people with a low income. The program is administered by each state and the type of services covered differs. There are strict income requirements so it is necessary for the person to "spend down" all income and assets to poverty levels before becoming eligible. Medicaid is the major payer of nursing home care.

The Medicaid requirement to "spend down" all income and assets created a great hardship for the spouse of a person needing nursing home care. Changes in the Medicaid rules now allow the spouse to keep a monthly income and some assets, including the primary residence. The amounts allowed change, so you must check for current levels.

Other Insurance

Medigap is the name given to privately purchased supplemental health insurance. It is designed to help cover some of the gaps in Medicare coverage but does not cover long-term care. Study Medigap policies carefully to be sure they provide the protection needed and do not duplicate other health insurance.

Long-Term Care Insurance is a private insurance that is usually either an indemnity policy or part of an individual life insurance policy. An indemnity policy pays a set amount per day for nursing home or home health care. Under the life insurance policy, a certain percentage of the death benefit is paid

for each month the policyholder requires long-term care. Policies are priced differently depending on the age of the policyholder, the deductible periods chosen, and indemnity value or duration of benefits. Long-term insurance policies are available from:

American Foreign Service Association
2101 E Street NW
Washington, DC 20037
Telephone: 202-338-4045
Fax: 202-338-6820
E-mail: afsa@afsa.org

and

American Foreign Service Protective Association
1716 N Street NW
Washington, DC 20036
Telephone: 202-833-4910

As with Medigap health insurance, it is important to read the policy carefully and understand its restrictions before purchasing.

Who Can Help?

The Employee Consultation Service (ECS) at the Department of State should be the first stop for Foreign Service people with elder care concerns. The clinical social workers offer brief counseling and help in coordinating an evaluation and assessment anywhere in the United States. ECS social workers act as a liaison in providing appropriate and necessary services for the elderly. All services are free and confidential. In Washington, make an appointment for a personal consultation; from overseas write or cable for advice.

ECS also conducts support groups for employees and their families who are responsible for an aging relative. The groups meet at the State Department to share issues, resources, and approaches to the problems that arise as an elderly person declines, including the issue of emotional stress that occurs for family members watching such decline.

Employee Consultation Service
(M/MED/ECS)
Room L127, Columbia Plaza or
Room 5914, Main State
Washington, DC 20520
Telephone: 202-663-1815

The Administration on Aging (AoA) is part of the U.S. Department of Health and Human Services. It was set up to “remove barriers to the economic and personal independence of older persons and to assure the availability of a range of appropriate community and family based services for older persons in social or economic need.” AoA supports a network of the state and area Agencies on Aging that reinforce and supplement the daily support that the elderly receive from family, friends, and neighbors.

Administration on Aging
Department of Health and Human Services
330 Independence Avenue SW
Washington, DC 20201
Telephone: 202-619-0724

To get information on eldercare services in a particular community, contact the Area Agency on Aging. The best way to locate a specific agency is to contact the State Agency on Aging (see page 13) or:

Eldercare Locator
Telephone: 1-800-677-1116

or

National Association of
Area Agencies on Aging
1112 16th Street NW, Suite 100
Washington, DC 20036
Telephone: 202-296-8130

Services provided by Area Agencies on Aging, include information and referral, homemaker/home health aides, transportation, congregate and home delivered meals, chore

and other supportive services. Types of services available vary in each community based upon needs and resources.

Washington Area Agencies on Aging

DC Office on Aging
Special Assignment of the Mayor's Office
441 4th Street NW
Washington, DC 20001
Telephone: 202-724-5623

State of Maryland Office on Aging
Room 1007, State Office Building
301 West Preston Street
Baltimore, MD 21201
Telephone: 410-225-1100

Virginia Department for the Aging
700 East Franklin Street, 10th Floor
Richmond, VA 22319-2327
Telephone: 804-225-2271

Private geriatric care managers are professional social workers and nurses who assist the elderly and their families by assessing need, coordinating services, and monitoring care for a fee. They are particularly helpful when long-distance caregiving is necessary. Fees vary and are sometimes covered by Medicare or private insurance. The State Department's Employee Consultation Service, the local Area Agency on Aging, and community agencies can provide referrals nationwide. If the older person has been hospitalized, hospital discharge planners can also provide information and referrals for after-care.

Services Offered by the Private Sector

Some private companies have set up programs to help their employees with elder care. Foreign Service spouses who work in the private sector should investigate any elder care options offered by their employers. These programs can include seed money for elder care services, flexible work schedules for caregivers, subsidies for elder care expenses,

unpaid leave for up to a year, referral services, inter-generational day care centers (for both the elderly and children), and group rates for long-term care insurance.

Unfortunately, many of the services provided by companies require that the elderly person meet the tax-law definition of a dependent. This increases the burden for families whose elderly relatives are not financially dependent or who are not living with the employee.

Elder Care in the Foreign Service

Foreign Service employees may have elderly relatives classified as dependents and put on their orders for an overseas assignment if the relative is at least 51 percent dependent for support (subject to review and approval per 6 FAM 117; AID employees also see Supplement 1B to HB 32, Chapter 1). If the relative meets the tax-law definition of a dependent, the easiest way to document dependent status is with a copy of the employee's most recent tax return. Otherwise, the employee should submit an affidavit or notarized statement testifying to more than 51 percent support. Other documentary evidence may be required by the employee's agency. Attach the documents to the completed OF-126 form and send it to your agency as specified on the forms. Requests will be reviewed for approval by a Personnel OF-126 committee.

If your relatives are not financially dependent on you, they may come to post as tourists, but will receive no official support from the U.S. Government.

If you think you may need to care for an elderly relative, be sure to check the provisions of the 1993 Family Leave Act on taking leave for this purpose.

Taking an Elderly Relative to Post

If elderly relatives are classified as dependents, they travel on diplomatic passports and have the same diplomatic immunity as a spouse or child. Non-dependents use tourist passports and do not have diplomatic status.

Housing assignments are based on the number of official dependents the employee brings to post. Travel to and from post (with the exception of medical travel) is also available to all official dependents.

Relatives other than spouse and eligible children are not covered by the Foreign Service medical insurance program, regardless of their dependent/non-dependent status. While the use of post's health facilities is not promised as a benefit, these limited facilities are sometimes available depending on the location and an authorization by the Ambassador. The medical officer has the authority to refuse to provide services should a patient have a complicated problem that the physician is unable to treat.

Medical Insurance

It is essential that a parent going overseas, either officially or unofficially, have adequate medical insurance. Medicare only pays medical expenses in the United States and in Canada and Mexico under certain very limited circumstances.

The insurance companies listed below provide a variety of coverage and can be contacted for more information.

Blue Cross/Blue Shield provides coverage to Americans living abroad only through the local offices where the clients have

residence. Insurance may be purchased while the client is overseas.

Small Groups Marketing Department
Direct Pay Section
Blue Cross/Blue Shield
550 12th Street NW
Washington, DC 20065
Telephone: 202-479-8546

International SOS provides only supplemental coverage including a hospital deposit repay, medical referral, evacuation to facilities for treatment, legal assistance, and a toll-free hotline. Medical centers are located throughout the world.

International SOS Assistance
P.O. Box 11568
Philadelphia, PA 19116
Telephone: 1-800-523-8930 or
215-244-1500

Access America is available to U.S. residents only. A policy may be purchased only while client is in the United States but coverage is good worldwide.

Access America
600 3rd Avenue, Box 807
New York, NY 10163
Telephone: 1-800-284-8300 or
202-822-3948

Under its Global Plus program, Clements and Company provides overseas major medical insurance, including full worldwide evacuation services. Coverage is offered for individuals as well as families. Substantial coverage is available at a reasonable cost.

Clements and Company
1660 L Street NW, 9th Floor
Washington, DC 20036
Telephone: 202-872-0600

If Your Elderly Relative was a Foreign Service Employee or Spouse

The Senior Living Foundation of the American Foreign Service, sponsored by the American Foreign Service Protective Association (AFSPA), provides information and assistance to retired Foreign Service personnel and their surviving or divorced spouses and, on the basis of need, helps to defray the costs of home health care, senior housing facilities, long-term care insurance, or other services that contribute to their health and security. The Foundation is especially concerned with the 14 percent of the 11,000 retired members whose small pensions keep their income at or below the poverty line.

The Foundation's Resource Center provides information about and assistance in obtaining community, State, and Federal resources. A licensed clinical social worker with Foreign Service experience reviews each case to determine the best resources available for the individual. Help ranges from volunteer visits to long-term care planning to advice on the legal maze of Medicaid. For more information contact them at:

1716 N Street NW
Washington, DC 20036-2902
Telephone: 202-887-8170

Legal Issues

If an elderly relative becomes mentally incapacitated, it is necessary that someone step in to take care of affairs. Advance planning on the part of both the elderly person and those who care about him/her will facilitate this process. You should consult an attorney before taking any of the following steps.

The Document Locator on page 15 is a useful tool for the elderly person and his/her relatives to make contingency plans for future

care. Other factors to consider include setting up joint bank or property accounts and signing a durable power of attorney.

Joint property or bank accounts are the simplest way to ensure that someone will be able to handle the elderly person's affairs if s/he becomes incompetent. There are, however, serious financial and tax consequences to such an arrangement. For example, when applying for Medicaid assistance, the assets of both owners are taken into account to determine eligibility. No one should enter into such an arrangement without checking all the legal implications.

A durable power of attorney is important because an ordinary power of attorney is not valid if the principal becomes incapacitated. This can create serious problems for the person handling the affairs and arranging care. A durable power of attorney is designed to survive disability or incompetence and is an important alternative to guardianship, conservatorship, or trusteeship. Laws vary from state to state so it is important that a durable power of attorney be drawn up by an attorney licensed to practice in the state in which the client resides.

Guardianship or conservatorship is the legal mechanism by which a court declares a person incompetent and appoints a guardian. The court transfers the responsibility for managing financial affairs, living arrangements, and medical decisions to the guardian. This procedure can take some time, usually when time is of the essence.

Making Life and Death Decisions

Because of the amazing advances in health technology, people are living longer.

Newspapers are filled with stories of families asking the courts to allow terminally ill family members to be removed from life support systems, or a husband fighting the decision by a hospital to remove his wife from a respirator. Adult children are often asked to make these kinds of decisions for their terminally ill parents. Courts are increasingly asking what preferences about medical care the patient may have expressed. Ideally, everyone should make his/her own wishes known by preparing and signing a medical directive, a health care power of attorney, a durable power of attorney, and/or a living will.

Some definitions are in order:

Power of Attorney - Ordinary powers of attorney allow an individual ("the principal") to give legal authority to another ("the agent") to handle business or property transactions for the principal. The power of attorney may be general or limited, for a definite or indefinite period of time. As long as the principal remains competent s/he may change or end the power of attorney at any time. These powers of attorney are effective only as long as the principal is competent.

Durable Power of Attorney - See page 8.

Living Will - This is a written statement of wishes regarding the use of specified medical treatments. It is provided to the doctor, hospital, or medical provider and becomes part of the official medical record. Each state requires the use of its own form for a living will and many states have other limitations. In some states, living wills apply only to those with Alzheimer's Disease, strokes, degenerative disorders, or those in a coma or persistent vegetative state.

Health Care Power of Attorney (also called a medical power of attorney) - This durable power of attorney is for health care (as opposed to financial) issues. It authorizes the agent to make health care decisions for the principal in the event s/he is unable to make such decisions. Without such a document, many health care providers and institutions will make critical decisions for the patient, not necessarily based on what s/he would want. The health care power of attorney can also include a statement of wishes and preferences in specific situations (for example, a person may want to forego respirators but continue nourishment). A statement of wishes concerning organ donation should also be included. Health care powers of attorney can be used by individuals who want life-sustaining treatments continued as well as those who want to forego such treatments. An increasing number of states are enacting statutes that recognize health care powers of attorney and many states provide forms and procedures for creating the document.

Questions to Consider

The most important considerations when preparing a durable health care power of attorney are whether or not to permit life-sustaining procedures and whether or not life-sustaining procedures include nutrition and hydration (food and fluid provided by a nasogastric tube or tube into the stomach, intestines, or veins).

The health care power of attorney should state clearly one of the following:

1. life-sustaining procedures should be used;
2. life-sustaining procedures should not be used after diagnosis of a fatal, incurable, or irreversible condition; or
3. the decision should be left to the agent.

Another important decision is the agent who will make the health care decisions. Remember that this person is the one to make health care decisions, not manage the money. Choose a trustworthy person who is good under stress and good at talking to doctors.

Other Points to Consider

* If you want both a health care power of attorney and a living will, they must use the same terms to describe medical treatments and list the same person as the agent or proxy.

* Your doctor and other health care providers should know about your health care power of attorney and should have no objection to following it. If they have objections, you must either work them out or change providers.

* Also consider appointing a backup agent or proxy in the event that the first person is unable or unwilling to act. Make sure that the backup has all the necessary documents.

Getting a Lawyer's Help

It is recommended that a lawyer draw up any durable power of attorney and/or health care power of attorney so that the document meets your special needs and will be acceptable in your state. This is especially important in any state which does not have a statutory form. The Society for the Right to Die provides free information on your state's current laws on both living wills and powers of attorney for health care. The National Academy of Elder Law Attorneys can provide information on how to choose an attorney specializing in elder law. Other referral sources include the local Office on Aging or the local Alzheimer's Association. See Elder Care Resources below for the addresses and telephone numbers of these organizations.

Books on Elder Care

Jehle, Faustin F. *The Complete and Easy Guide to Social Security and Medicare*. Peterborough, New Hampshire: Fraser-Vance Publishing, 1994. Describes retirement and survivors' benefits and how to process a claim for Social Security benefits including the Disability Program and Supplemental Security Income. Contains actual forms.

Johnson, Eugenia and Kathleen McFadden. *Senior Net: Official Guide to the Web for People Over 55*. Emeryville, CA: Lycos Press, 1997. Comes with a CD Rom. This book guides you through buying a computer and going online. It explores what the net has to offer from the perspective of an older person.

Levin, Nora Jean. *How to Care for Your Parents - A Practical Guide to Eldercare*. New York, Norton, 1997. Offers an organized approach to gathering information and identifies health and long-term options. One chapter explores options on the Internet. There is also information on legislation changes and the use of existing community resources.

Matthews, Joseph. *Elder Care: Choosing and Financing Long-Term Care*. Berkeley, CA: Nolo Press, 1990. Covers the gamut of elder care, including elder residences, medical benefits for long-term care, estate planning, and protection of assets.

Sabatino, Charles P. *Health Care Powers of Attorney: An Introduction and Sample Form. AARP Fulfillment* (Stock No. D13895), 601 E Street NW, Washington, DC 20049.

Schomp, Virginia. *The Aging Parent Handbook*. New York, NY: Harper Paperbacks, 1997. Covers all the topics, gives many sample forms, and contains a directory of useful organizations.

Elder Care Resources

Academy of Elder Law Attorneys

1604 North Country Club Road
Tucson, AZ 85716
Telephone: 520-881-4005
Fax: 520-325-7925

Alzheimer's Association, Inc.

919 North Michigan Avenue, Suite 1000
Chicago IL 60611
Telephone: 1-800-621-0379

Publishes *Selecting a Nursing Home with a Dedicated Dementia Care Unit*.

American Association of Homes for the Aging

901 E Street NW
Washington, DC 20004
Telephone: 202-783-2242
Fax: 202-783-2255

American Association of Retired Persons

601 E Street NW
Washington, DC 20049
Telephone: 202-434-2277

Provides the following free pamphlets:
Miles Away and Still Caring (D-12748)
A Handbook About Care in the Home (D-955)
A Path For Caregivers (D-12957)

Choice in Dying

200 Barich Street, 10th Floor
New York, NY 10014
Telephone: 212-366-5540
Fax: 212-366-5337

Free medical directives and living will samples.

Eldercare America

279 River Street, Suite 403
Troy, NY 12180
Telephone: 1-800-469-7582
Fax: 518-270-9503
Call for information for seniors.

Guide to Retirement Living

Douglas Publishing Company, Inc.
Box 7512
McLean, VA 22106-7512
Telephone: 703-536-5150 or
1-800-394-9990
E-mail: proaging@retirement-living.com

Call for a free single copy of this magazine.

Health Insurance Association of America

555 13th Street NW, Suite 600 East
Washington, DC 20004
Telephone: 202-824-1600
Fax: 202-824-1722

Publishes *A Consumer's Guide to Long-Term Care*.

National Association of Private Geriatric Care Managers

1604 North Country Club Road
Tucson, AZ 85715
Telephone: 520-881-8008
Fax: 520-325-7925

Provides free referrals nationwide and sells a directory of members and managers. (\$25.00)

National Council on the Aging, Inc.

409 3rd Street SW
Washington, DC 20061-5087
Telephone: 202-479-1200

Publishes *Perspective on Aging*, a bimonthly magazine, and *Family Home Caring Guides*.

National Institute on Aging

9000 Rockville Pike
Bethesda, MD 20892
Telephone: 301-496-1752

Call NIA Clearinghouse at 1-800-222-2225 for a free copy of the *Resource Directory for Older People*.

State Agencies on Aging

ALABAMA

Commission on Aging
770 Washington Avenue
Montgomery, AL 36130
Telephone: 334-242-5743
Fax: 334-242-5594

ALASKA

Older Alaskans Commission
Department of Administration
Pouch C - Mail Station 0209
Juneau, AK 99811-0209
Telephone: 907-465-3250

ARIZONA

Area Agency on Aging
1366 East Thomas Road
Phoenix, AZ 85014
Telephone: 602-264-2555
Fax: 602-230-9132

ARKANSAS

Aging & Adult Services
1417 Donaghey Plaza South
Little Rock, AR 72201
Telephone: 501-682-2441
Fax: 501-682-8155

CALIFORNIA

Department of Aging
1600 K Street
Sacramento, CA 95814
Telephone: 916-322-5290
Fax: 916-324-1903

COLORADO

Aging and Adult Services
110 16th Street, Suite 200
Denver, CO 80202
Telephone: 303-620-4147
Fax: 303-620-4191

CONNECTICUT

Department on Aging
175 Main Street
Hartford, CT 06106
Telephone: 860-566-7772

DELAWARE

Division on Aging
1901 North DuPont Highway
New Castle, DE 19720
Telephone: 1-800-223-9074
Fax: 302-577-4793

DISTRICT OF COLUMBIA

Office on Aging
441 4th Street NW, Suite 900
Washington, DC 20001
Telephone: 202-724-5623
Fax: 202-724-4979

FLORIDA

Aging and Adult Services
1317 Winewood Boulevard
Tallahassee, FL 32301
Telephone: 904-488-8922
Fax: 904-922-6456

GEORGIA

Division on Aging
#2 Peachtree Street NW
Atlanta, GA 30303
Telephone: 404-657-5258
Fax: 404-657-5285

HAWAII

Executive Office on Aging
335 Merchant Street, Room 241
Honolulu, HI 96813
Telephone: 808-548-2593

IDAHO

Office on Aging
Room 108 Statehouse
Boise, ID 83720
Telephone: 208-334-3833
Fax: 208-334-3033

ILLINOIS

Department on Aging
421 East Capitol Avenue
Springfield, IL 62701
Telephone: 217-785-2870
Fax: 217-785-4477

INDIANA

Bureau on Aging
402 West Washington, W454
Indianapolis, IN 46207
Telephone: 317-232-7020
Fax: 317-232-7867

IOWA

Department of Elder Affairs
200 10th Street, 3rd Floor
Des Moines, IA 50319
Telephone: 515-281-5187
Fax: 515-281-4036

KANSAS

Department on Aging
Docking Office Building, 122-S
915 SW Harrison
Topeka, KS 66612-1500
Telephone: 913-296-4986
Fax: 913-296-0256

KENTUCKY

Division of Aging Services
CHR Building - 6th Floor
275 East Main Street
Frankfurt, KY 40601
Telephone: 502-564-6930

LOUISIANA

Office of Elderly Affairs
P.O. Box 80374
Baton Rouge, LA 70898
Telephone: 504-342-7100

MAINE

Bureau of Maine's Elderly
State House - Station #11
Augusta, ME 04333
Telephone: 207-624-5335
Fax: 207-624-5361

MARYLAND

Office on Aging
301 West Preston Street
Baltimore, MD 21201
Telephone: 410-225-1100
Fax: 410-333-7943

MASSACHUSETTS

Executive Office of Elder Affairs
#1 Ashburton Place
Boston, MA 02108
Telephone: 617-727-7750
Fax: 617-727-9368

MICHIGAN

Office of Services to the Aging
P.O. Box 30026
Lansing, MI 48909
Telephone: 517-373-8230
Fax: 517-373-4092

MINNESOTA

Board on Aging
444 Lafayette Street
St. Paul, MN 55155
Telephone: 612-296-2770
Fax: 612-297-7855

MISSISSIPPI

Council on Aging
P.O. Box 352
Jackson, MS 39202
Telephone: 601-359-4929

MISSOURI

Division on Aging
615 Howerton Court
Jefferson City, MO 65109
Telephone: 573-751-3082
Fax: 573-751-8687

MONTANA

Department of Family Service
48 North Last Chance Gulch
Helena, MT 59604
Telephone: 406-444-5900

NEBRASKA

Department on Aging
P.O. Box 95044
301 Centennial Mall - South
Lincoln, NE 68509
Telephone: 402-471-2306

NEVADA

Division for Aging Services
1665 Hotsprings Road, Suite 158
Carson City, NV 89706
Telephone: 702-687-4210
Fax: 702-687-4264

NEW HAMPSHIRE

Elderly & Adult Services
6 Hazen Drive
Concord, NH 03301
Telephone: 603-271-4680
Fax: 603-271-4643

NEW JERSEY

Division on Aging
CN807, So. Broad and Front Sts.
Trenton, NJ 08625-0807
Telephone: 609-292-4833
Fax: 609-633-6609

NEW MEXICO

State Agency on Aging
228 East Palace Avenue
Sante Fe, NM 87501
Telephone: 505-827-7640
Fax: 505-827-7649

NEW YORK

Office for the Aging
Empire State Plaza,
Agency Building #2
Albany, NY 12223
Telephone: 518-474-4425
Fax: 518-474-0608

NORTH CAROLINA

Division of Aging
693 Palmer Drive
Raleigh, NC 27626
Telephone: 919-733-3983
Fax: 919-733-8406

NORTH DAKOTA

Aging Services
600 South 2nd Street, Suite 1-C
Bismarck, ND 58504
Telephone: 701-238-8910
Fax: 701-328-8989

OHIO

Area Agency on Aging, District 7
MSC- F32
University of Rio Grand
218 North College Avenue
Rio Grand, OH 45676
Telephone: 614-245-5306
Fax: 614-245-5979

OKLAHOMA

Aging Services Division
P.O. Box 25352
Oklahoma City, OK 73125
Telephone: 405-521-2281
Fax: 405-521-2086

OREGON

Senior Services Division
500 Summer Street NE
Salem, OR 97310
Telephone: 503-945-5811
Fax: 503-373-7823

PENNSYLVANIA

Department of Aging
400 Market Street, 6th Floor
Harrisburg, PA 17101
Telephone: 717-783-1550
Fax: 717-783-6842

PUERTO RICO

Gericulture Commission
Apartado 11398
Santurce, PR 00910
Telephone: 787-722-7400

RHODE ISLAND

Department of Elderly Affairs
160 Pine Street
Providence, RI 02903
Telephone: 401-277-2858
Fax: 401-277-1490

SOUTH CAROLINA

Division on Aging
202 Arbor Lake Drive, Suite 301
Columbia, SC 29223
Telephone: 803-737-7500
Fax: 803-737-7501

SOUTH DAKOTA

Office of Adult Services & Aging
700 Governors Drive
Pierre, SD 57501
Telephone: 605-773-3656
Fax: 605-773-6834

TENNESSEE

Commission on Aging
500 Deadrick Street
Nashville, TN 37243
Telephone: 615-741-2056
Fax: 615-743-3309

TEXAS

Department on Aging
4900 North Lamar
Austin, TX 78751
Telephone: 512-424-6840
Fax: 512-424-6896

UTAH

Aging and Adult Services
Box 45500
Salt Lake City, UT 84145-0500
Telephone: 801-538-3910
Fax: 801-538-4395

VERMONT

Office on Aging
103 South Main Street
Waterbury, VT 05671-2301
Telephone: 802-241-2400
Fax: 802-241-2325

VIRGINIA

Department for the Aging
700 East Franklin Street
Richmond, VA 23219-2327
Telephone: 804-225-2271
Fax: 804-371-8381

WASHINGTON

Aging and Adult Services Admin.
P.O. Box 45600
Olympia WA 98504
Telephone: 360-493-2509
Fax: 360-438-8633

WEST VIRGINIA

Commission on Aging
Holly Grove - State Capitol
Charleston, WV 25305
Telephone: 304-558-3317

WISCONSIN

Bureau of Aging
217 South Hamilton, Suite 300
Madison, WI 53703
Telephone: 608-266-2536
Fax: 608-267-3203

WYOMING

Commission on Aging
Hathaway Building, Room 139
Cheyenne, WY 82002-0710
Telephone: 307-777-7986

Document Locator List

- Name, address, and telephone number of parent's attorney(s).
- Location of parents' will and any trust instruments; complete list of beneficiaries with current addresses and telephone numbers.
- Location of copies of the parent's living will, medical directive, or durable power of attorney with the name, address, and telephone number of the agent.
- Details of desired funeral arrangements; location of burial plot, if any, and deed to it. Name and address of clergy, if appropriate.
- Location of any letter of instruction listing personal property not disposed of by will and the parent's wishes for its distribution.
- Location of important papers: birth certificate, social security card, marriage and divorce certificates, education and military records, other legal documents.
- List of bank accounts, including name, address, and telephone number of each financial institution, account numbers, location of passbooks, checkbooks, certificates of deposits.
- List of stocks, bonds, real estate, and other investments. Name, addresses, and telephone numbers of financial planner, tax advisor, broker, and/or anyone else with knowledge of or control over finances.
- All insurance data (health, life, auto, homeowner/renter policies; any employee benefit or pension plans), including name, address, and telephone number of each insurance company and agent, policy numbers, and locations. Location of safe-deposit box and key(s) with a list of the contents and names of anyone with access to it.
- Location of receipts and appraisals for valuables.
- List of active credit accounts (mortgage companies, banks, oil companies, department stores, etc.), including name and address of each company, account number, and type.
- Complete information, including substantiating documentation, about any personal loans the parents owe or are owed.
- Location of copies of tax returns for the past 3 years, copies of any gift or estate tax returns filed during the period.